



DISTRICT RETURN TO WORK (RTW) PROGRAM

Return-to-Work Policy for Injured Employees with Temporary Disabilities

It is the policy of the _____ to return employees to meaningful and productive temporary employment following an injury or illness, until their health care provider releases them to full duty. The Return-to-Work Program provides opportunities for employees who cannot return to their regular positions, in full capacity, due to temporary physical restrictions. We will make every effort to accommodate an employee's restrictions in modifying their regular job by reducing hours and/or physical demands, or by offering an alternative duty temporary job assignment.

Definitions

Alternative Duty: Alternative duty positions are temporary positions created outside of the injured worker's regular job description. These positions allow the employee to temporarily perform the essential functions of a job and other non-essential tasks within the restrictions prescribed by the attending physician or treating health care provider. These positions can be performed at any location in the district. Alternative duty is a temporary arrangement until the injured employee can resume full activities of his/her regular job, or until the alternative duty position is no longer available.

Claims Consultant or Examiner: An employee of a Third Party firm under contract to administer and manage claims on behalf of the employer.

Eligible Employee: An injured employee who has been cleared by the treating physician to return to work with temporary physical restrictions or limitations.

Full Duty: The performance of all duties and tasks of the position the employee holds. Full duty entails performing all essential and non-essential functions of the employee's regular job normal hours and rate of pay.

Job Analysis: A job analysis is the gathering, evaluating, and recording of accurate, objective data about the characteristics of a particular job. It describes the essential functions and all other tasks required to perform the job. Essential job functions are the basic, necessary, and integral parts of a job.

Loss of Earning Power (LEP) Benefits: Supplemental wage compensation paid to injured workers who return to work in a position at less pay or hours, resulting in a drop in earnings of 5% or more. LEP benefits equal 80% of the difference between the worker's current wages and the wages at the time of injury (updated to the current period).

Return to Work Coordinator (RTWC): The Director of Human Resources or other assigned individual who oversees the Return-to-Work Program and performs the functions outlined in this procedure.

Return to Work Team: Unless otherwise stated, this refers to the district's team or group responsible for developing and monitoring individual temporary duty assignments. The team is composed of four individuals: Injured employee, supervisor, district's Return-to-Work Coordinator and the Director of Human Resources. Others may consult with this team, including the attending physician, physical therapist, claims consultant, and nurse case manager.

Temporary Job Assignment: A temporary job assignment allows an injured employee to return to work, even though their injury prevents them from returning to their regular full-duty position. A temporary job assignment is either transitional duty or alternative duty.

Time Loss: Refers to time spent away from work at the direction of the attending physician or treating health care provider as a result of a compensable injury sustained in the course and scope of employment.

Time Loss Benefits: Compensation to an injured employee for missed days from work attributed to an industrial injury. Each day an employee is away from work the first three days immediately following the date of injury, however, are considered a waiting period. Time loss compensation is not paid for the waiting period unless the injured worker is certified and remains off work for fourteen days.

Transitional Duty: Transitional Duty is a temporary arrangement that allows the employee to return to his/her regular job of injury, in keeping with physical restrictions and limitations prescribed by the attending physician.

Program Procedures and Roles

The district's Return-to-Work Coordinator will oversee the return-to-work activities for individuals who have sustained a compensable injury during the course and scope of employment. Return to work activities will include communication and coordination with the injured employee, employee's supervisor, physician, and the Puget Sound Workers' Compensation Trust's claims consultant. A cooperative effort and commitment of the entire Return-to-Work team is required to facilitate a successful RTW Program.

In the event that the district is unable to accommodate the injured workers' restrictions in a temporary job assignment, the Trust will initiate the *Return-to-Work Interactive Process*. This involves an onsite meeting between Trust and district personnel to review, evaluate and establish a plan of action to expeditiously return the injured worker back to work. This process ensures that all available return-to-work options are thoroughly explored with the district. parties involved in this process include the claims consultant, loss control consultant, and district representatives.

The program participants noted below are expected to follow the district's RTW policy and procedures. All transitional and alternative duty positions shall be temporary job assignments and carried out in one-month increments, renewable to a maximum of three months. Assignments shorter than one month will be considered on a case-by-case basis. Renewal of thirty-day increments is subject to approval by the RTWC, based on the employee's ability to progress with increased capabilities. A short extension beyond 90 days may be permitted when justified by circumstances. Such assignments shall not be used as a means to establish new positions or displace other employees.

Injured Employee

- Collaborates with all program participants, and helps identify ways to modify the existing job within their work capabilities.
- Maintains communication with employer and claims consultant after each doctor visit and weekly, by telephone, in-between appointments.
- Works within the parameters set by the treating physician at all times, keeps medical and therapy appointments, and follows treatment plan.

If an eligible injured employee refuses to participate in the RTW Program, without medical justification, he or she may become ineligible to receive time loss benefits.

Supervisor of Injured Employee

- Contacts the district's Return-to-Work Coordinator to report injuries that have resulted in lost work time.
- Monitors transitional duty assignments, provides reminders to work within medical restrictions, and explains the program to co-workers to gain understanding and support.
- Participates as a member of the Return-to-Work team and cooperates with the RTWC in identifying appropriate tasks within the assigned department that are suitable for transitional duty.

Return-to-Work Coordinator

- Contacts physician to confirm receipt of the employee's job description and required forms, and provides these as necessary.
- Establishes a good working relationship with the employee, supervisor, physician, and claims consultant.
- Leads the RTW team and meets promptly to place the eligible employee in an appropriate transitional/alternative duty position.
- Assures frequent contact with the employee to monitor progress and address problems.

Director of Human Resources

- Serves as a member of the RTW team.
- Develops transitional job opportunities.
- Ensures that injured employees are oriented in temporary job assignments and have been trained in safety and job procedures.
- Assures that all requirements of *ADA* and *WISHA* compliance issues are met.
- Ensures that effective measures are taken to avoid future injuries.

Claims Consultant

- Facilitates communication with and between the employee, treating physician, and RTWC.
- Consults with the RTW team.
- Assures that time loss and LEP benefits are not duplicated while the employee is receiving full salary and regular hours.
- Assists with coordination and implementation of alternative duty positions.
- Consults with the RTWC and physician concerning available strategies to get the employee back to work.

Temporary Job Assignment Procedures

Once it has been determined by the attending physician that the injured employee is capable of returning to work with restrictions, it must be determined if the employee can perform the essential functions of his/her job of injury in keeping with the identified restrictions. The supervisor and/or department head is responsible for clearly identifying the essential functions and non-essential functions of the employee's job by reviewing the job analysis for that position.

Transitional Duty

If the employee is unable to perform the entire essential functions of his/her regular job, the supervisor and/or department head may develop a transitional duty position within the physical restrictions outlined by the attending physician or healthcare provider. This transitional duty position may include reducing time, modifying current tasks, delegating tasks to other employees, or performing other tasks within the same job classification. A formal letter outlining this position must be presented to the employee on a *Transitional Duty Work Agreement* form. This form outlines the physical limitations and agreement on behalf of the employee to work within these restrictions.

Alternative Duty

In some cases, the district will be unable to accommodate the injured employee within his/her job of injury because of the limitations or restrictions imposed by the physician and/or the inability of the injured worker to perform most of the essential functions of that job. In this situation, it will be necessary to accommodate the injured employee in a temporary position outside of their normal job duties and/or job classification. An alternative duty position can be created, regardless of the physical restrictions or limitations - flexibility is the key. Often, the school district's tasks or special projects are unable to get done with current staff. These tasks can form the basis of an alternative duty job assignment. In addition, a *Job Bank*, containing numerous pre-determined alternative duty job descriptions, is also available to assist school district personnel.

Once the alternative duty position is determined, a job description describing the position must be completed or obtained from the Job Bank. The completed alternative duty job description must then be forwarded to the Trust's Claims Consultant for review. The claim consultant will forward a copy to the attending physician for review and approval. Once approved, the school district must issue a formal *Alternative Job Offer* letter to the injured worker.

Alternative Duty Job Offer letter must contain the following components:

- A job description detailing the specific job duties and physical requirements approved by the attending physician.
- The position's start date; work hours, days per week, and rate of pay.
- The name of the position's job supervisor, job location, and start time.

If the employee rejects the offer of alternative duty without medical justification, time loss benefits may be terminated. If the employee accepts the offer of alternative duty, then an *Alternative Duty Job Offer letter* must be completed. This agreement details the responsibilities of the employer and the expectations and responsibilities of the employee while performing the alternative duty position.

A cooperative effort between the district's claims coordinator, the Trust's claims consultant, and the injured employee's doctor is required to successfully facilitate the alternative duty job process.

Note: Employees working fewer hours or receiving reduced pay during their temporary job assignment may be eligible for "Loss of Earning Power" (LEP) benefits. LEP benefits will be coordinated through the Puget Sound Workers' Compensation Trust's claims consultant.

Required Documentation, Forms, and Funding

Included in District Injury Packets

- Letter to the attending physician, explaining the district's RTW program (District letterhead)
- Physical Capacities form (Puget Sound WCT letterhead)

RTW Forms

- Job Analysis for all District Positions (provided by the Trust)
- Transitional Duty Work Agreement (See below)
- Alternative Duty Positions (Job Bank, tasks, special projects)
- Alternative Duty Job Offer Letter (See below)

Transitional Duty Work Agreement
(SCHOOL DISTRICT LETTERHEAD)

Name
Address
Address

RE: Claimant:
Employer:
DOI:
Claim #:

Dear NAME:

I am pleased to offer you ___ temporary/transitional or ___ regular employment that will accommodate your current physical capacities. Your duties are described on the attached Job Analysis, or Task List, and were approved by your physician on _____.

Your work schedule is _____ hours per day, _____ days per week. This will commence on _____ and run through approximately _____, or until released by your physician. This position will pay \$_____ per _____. Your healthcare benefits ___ will, ___ will not be reinstated. If your earnings are less than 96% of your regular salary you may qualify for loss of earning power benefits through Puget Sound Workers' Compensation Trust.

Your supervisor during this time will be _____. He/She can be reached at _____. It is our goal that all employees work in a safe and injury free environment. Upon reporting to work you will be asked to sign a statement which will outline your restrictions and your responsibilities while on light or modified duty.

The supervisor has been informed that your doctor has approved this position. Failure to report to work, as schedule, could affect your workers' compensation benefits. Should you experience any difficulties in the performance of your duties, you are to report to your supervisor immediately.

I wish to welcome you back. You are scheduled to report to your supervisor on _____, at _____ a.m./p.m.

Please indicate below your intent to accept or decline this offer. This should be returned to me no later than 24-hours prior to your scheduled report time. If we do not hear from you within that time period, or should you fail to report for work as indicated, we must assume that you have declined this offer. Declining this offer could affect your workers' compensation benefits, as provided by Puget Sound Workers' Compensation Trust.

Date
Transitional Duty Work Offer
Name
Claim #
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Should you have any questions regarding this matter please do not hesitate to contact me.

- () I accept the return to work offer.
- () I decline the return to work offer. Please indicate why you have declined this return to work opportunity.

Signature

Date

Sincerely,

Name
Title
Phone Number

cc: Physician
Claims Manager
Vocational Counselor

Attachment: Job analysis approved by the attending physician

Alternative Duty Job Offer Letter
(Company Letterhead)

Date _____
Claim No _____

Dear (Injured Employee Name):

I am pleased to offer you an alternative duty position that will accommodate your current physical capacities. Your duties are described in the attached Job Analysis that has been approved by your doctor on _____.

Your work hours are _____ to _____ and you are scheduled to work _____ through _____, which is a _____ hour workweek. This position will pay _____ per _____. If this is less than 95% of your regular salary you may qualify for Loss of Earning Power benefits.

Your supervisor will be _____. He/she has been made aware of your current physical restrictions. The supervisor was also informed that your doctor has approved the alternative duty position. Should you experience any difficulties in the performance of your duties, you are to report them to your supervisor immediately. It is our goal that all employees work in a safe and injury free environment.

I wish to welcome you back. Please report to your supervisor on _____ at _____ o'clock. Should you decide not to accept this offer of employment, please contact me as soon as possible. If I do not hear from you and you do not report for work as scheduled, I will have to assume that you have decided not to accept this job offer. According to industrial insurance regulations your time loss benefits may be affected should you decline this offer.

Please indicate your response to this job offer and return it to _____, no later than _____.

I accept () I do not accept () Reason: _____

Signature: _____ Date: _____

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

cc: Claims Manager
 Vocational Counselor
 Physician
 Attachment: Job analysis approved by attending physician